



Claim No.: _____

OFFICE OF THE ATTORNEY GENERAL**RELOCATION AND RENTAL ASSISTANCE ACKNOWLEDGMENT**

Article 56.32 (9)(h) Texas Code of Criminal Procedure makes help with relocation and housing rental costs available to victims of family violence or victims of reported sexual assault in their place of residence, who are eligible for benefits with the Crime Victims' Compensation Program (CVC).

Article 56.42(d) provides for up to \$2000 to be used for **relocation expenses** including:

- rental deposit
- utility connections limited to electricity, gas, water and one telephone line
- expenses relating to moving of belongings
- mileage expenses for actual move
- transportation/lodging/meals for out-of-state moves

Article 56.42 (d) also provides for up to \$1800 to be used for **rent**. (CVC awards 3 months of rent up to \$1800)

By law, a victim may be paid for relocation and rental expenses **one time only**.

In order to receive help with relocation, the Crime Victims' Compensation Program recommends that the victim develop a safety and relocation plan with a local victim assistance professional. The victim is encouraged to work with the victim assistance professional in finding a suitable location and residence for the victim.



CLEARLY PRINT THE ADDRESS YOUR PORTION OF THE RELOCATION PAYMENT NEEDS TO GO TO:

(NAME)_____
(ADDRESS WITH APT # IF APPLIES)_____
()_____
(CITY / STATE / ZIP CODE)_____
(TELEPHONE #)**PERMANENT CONTACT INFORMATION FOR THE VICTIM/CLAIMANT:**_____
(YOUR NAME OR NAME OF RELATIVE)_____
(ADDRESS WITH APT # IF APPLIES)_____
()_____
(CITY/STATE/ZIP CODE)_____
(TELEPHONE #)

HAVE YOU APPLIED OR DO YOU INTEND TO APPLY TO RECEIVE ASSISTANCE FROM OTHER AGENCIES, SUCH AS YOUR LOCAL HOUSING AUTHORITY, FOR RELOCATION OR RENTAL EXPENSES?

YES _____ **NO** _____ If yes, amount of assistance: _____

Name of Agency _____

Contact Person _____ Telephone # () _____

If yes, submit documentation from the agency providing assistance indicating the amount of financial assistance you are receiving.

**ACKNOWLEDGMENT**

I acknowledge that I was a victim of family violence/sexual assault/human trafficking (circle one). I am requesting financial assistance for rent and relocation expenses resulting from the crime, and the attached itemized list of relocation is true and correct. I agree to provide CVC with all the receipts available to verify payment of the listed expenses.

I understand that my failure to use these funds for rent and relocation expenses may result in the denial of further benefits, closure of the claim, repayment to CVC of any funds accepted and/or possible prosecution for fraud.

Printed Name of Victim/Claimant_____
Signature of Victim/Claimant_____
Date_____
Signature of Victim Assistant or Advocate_____
Date